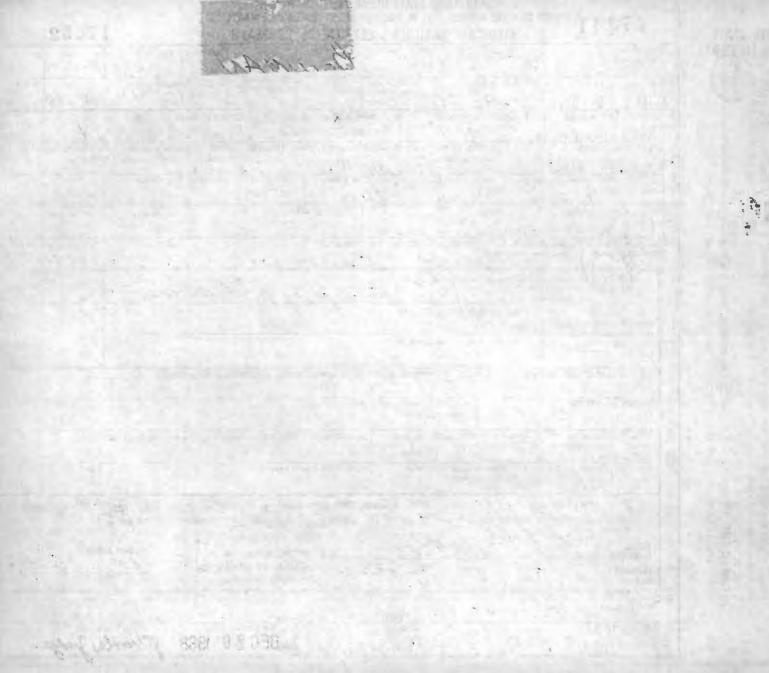
7	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 174.	52
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de los	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS 1 MPN.	2d. HOUR
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	AT WORK AT WORK TOCIOTY, Office building, etc.)	
ICAL Es executor. Page ed for CTOR: buriol,	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and	in my apinian
tor. CTC	death resulted from: Natural causes Accident , Suicide , Hamicide Undetermined manner	
please I direct retainer	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNED	
ory, nerro be ERA	EXAMINER'S DEPUTY MEDICAL EXAMINER & 17-1	6-68
necessory, please e the funeral director 5 may be retained to FUNERAL DIRECT Health prior to bu	NAME (Type) / / / / / / / / / / / / / / / / / / /	
He Se	230 RIBIAL CREMATION, 226. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. LOCATION (City or Town) (County)	(State)
	REMOVAL (Specify) 12-18-68 St. Charles Church Glymont. M	1
	24. FUNERAL DIRECTOR . ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME (5)	Johnson F. H Rt. 224 Pomon Herry My DAIDEC 20 1968 Poliarles Jo	well



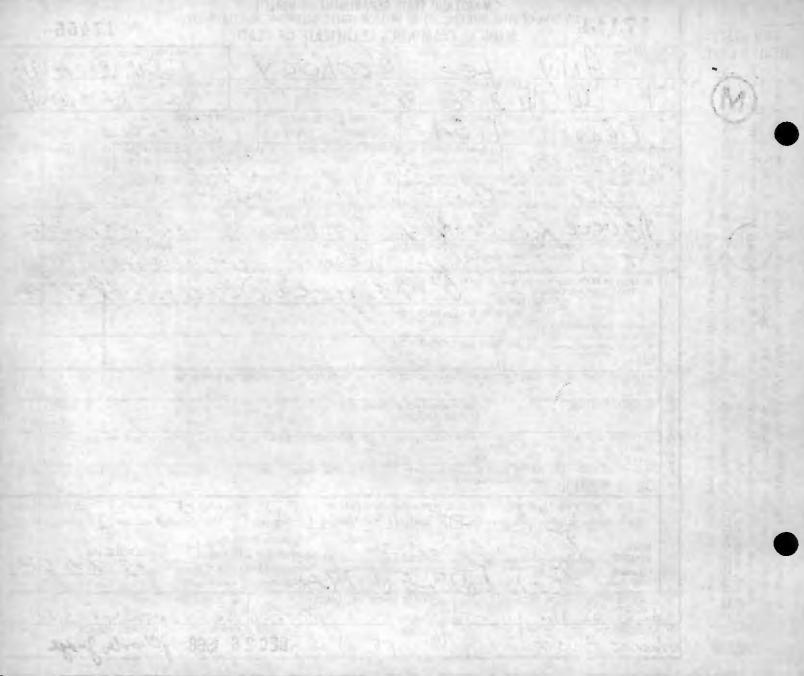
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o DEPUTY necessary, the funeral 5 may be o FUNERAL Health pri		EXAMINER'S NAME (Type)	Edwar	l F. Wil	son,M.D	•			JTY MEDICA RESS(Street	, city, tow	n, or cour			CIUDE	_ / ,]	1700
TO TO	230	BURIAL, CREMAT	(4)	DATE 2/8/68	23c. NA	ME OF CEME	TERY OR CREMATO	RY				(City or Tow		(County	/) (SI	tote)
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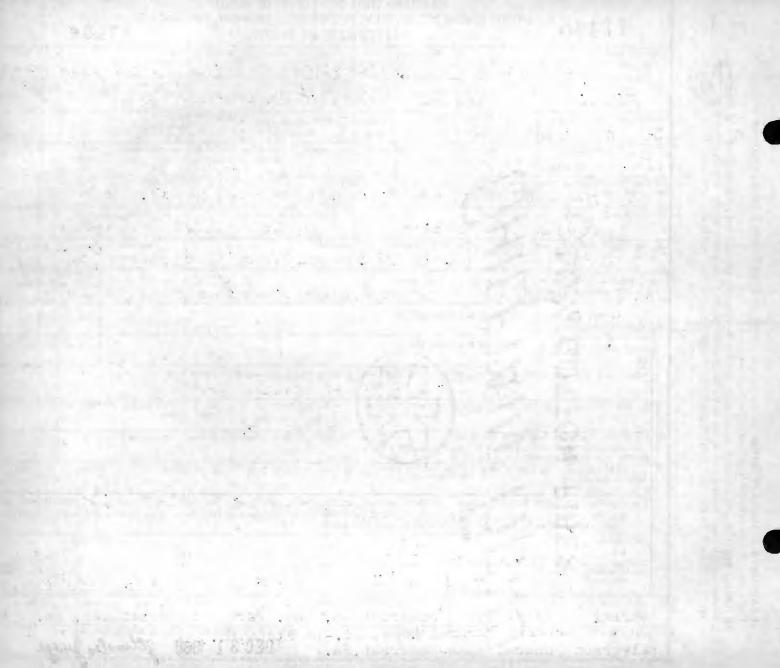
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ond 2	1. DI (T	CEASED-NAME First ype or print) BCR	Middle	THAM	last BCRS	2a. DATE OF DEATH		Zb. HOUR
the tua ages rs after o	3. SE	Male	4. RACE Negro		DATE OF BIRTH		(In years if under inthday) MONTHS YRS.	R I YEAR IF UNDER 24 HRS.
e haspital or attending physician. his certificate has been signed by the attending physician and campletely filled in by stacked for use as the burial-transit permit. Then please remove carbon papers. Poept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hou	7a. E		76. CITIZEN OF WHAT COUNTRY?	WIDOWED T	DIVORCED [Charles		Md.
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en plea oval, an	16a.	CROWN	or or dates al service) 214-32-71	A	rmant s.Elva B.I	DeMott,Po	Address rt Tobac	co.Md.
director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages is should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after in the state of the s	NC	PART I. DEATH WAS CAUSED HMMEDIA Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	y ane cause per lipe to (a), (b), and (c).) BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO	ption	insino	DINDITION GIVEN IN PART	lurt l	BETWEEN ONSET AND GEATH
th priar	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PER		20a. AUTOPSY? YES NO	CAUSES OF DEAT		
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Manth Day Year P.M. 19		INJURY OCCURRED (Enter	nature of injury in Part	1 ar Part 2, Item 18.))
L	M	While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		ION Street or R.F.D. No.	City or Town	Caunt	ty State
-		220. I certify that (I) (this saw the deceased all couses stated above 22b. SIGNATURE	s hospitol) ottended the deceose live of 15 (July (did) (did not) view the b	d from , ond the ody ofter dec	nat in (my) (aur) apir th.	,	d on the date and	
e filed w		22d. PHYSICIAN'S	O Kellew	DEGREE	22e. ADDRESS	ED. STAFF PHYS.	012.9	4-68
ח סוח מ	23a	NAME (Type) E. J BURIAL, CREMATION, 23b. C	.Edelen, M.D.	FMETERY OR CRI		ta,Maryla 23 4Char ylo s		
Sh.	В	denoval (Specify) Dec	.28,1968 Old S1		emeterv.Ch	andlers	Hope Por	t Tobacco
VR A15 (40)	24.	funeral director rehart. Funer	al Home Inc. La	Plata	Md 25a. REC'D BY	REGISTRAR 256.	REGISTRAR'S SIGNATU	Oudas.

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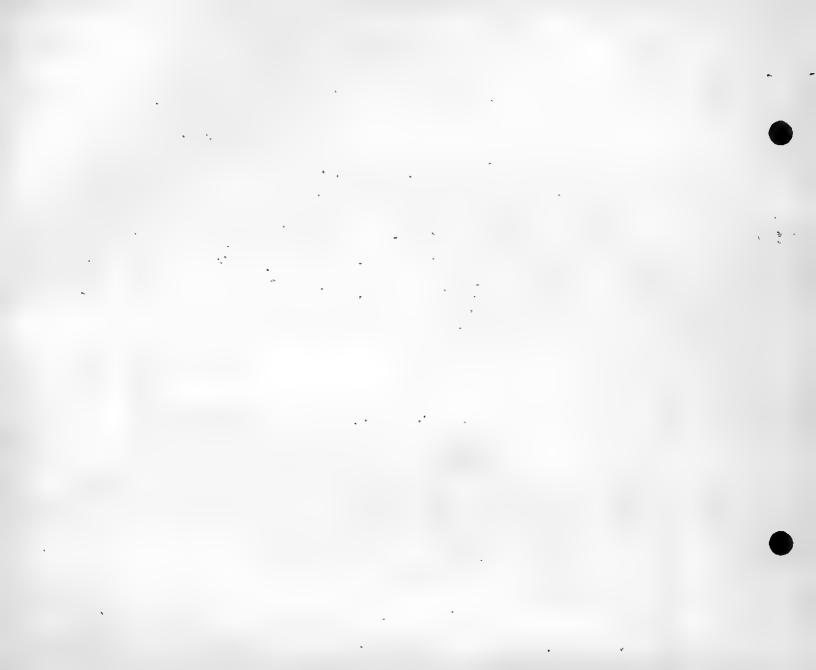
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17455 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN MONTH Day Year (Type or Print) ESTI-DEATH MATED deloy 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD HOUR5 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN MARRIED THEVER MARRIED 9. COUNTY OF BEAT ffice along with farm WIDOWED [Give Pages the State 12a. USUAL OCCUPATION (Kind of work done 10. COLOR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast at He even if retired) DOMEST (Where deceased lived, if institution! Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIF AND NUMBER and 2 with 13b. COUNTY DENTSVILLE YES NO hours after Te H 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle hours within 17 INFORMAN Dewict | (Yes, no, or unknown (If yes give war or dates of service) FIRE = within should be farwarded to the Chief Medical E This certificate shauld be executed 18. CAUSE OF DEATH (Enter only one couse per line for 16). 18 permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a), the certificate, writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 9 remayal used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO F pe Ь 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK please execute 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my apinian director. Suicide death resulted frag Accident Homicide Undetermined manner Matural causes CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral 51G NATURE PUTY MEDICAL EXAMINER ro FUNE Health **EXAMINER'S** DRESS(Street, city, town, ar county) NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23d. 10CATION (City or Town) (County) REMOVAL (Specify 250. REC'D BY REGISTRAR 25b. VR A 15ME (5)



	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
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	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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2	Conditions, if ony, which gove
	rise to immediate cause (a), (b)
	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
	Wall Distributed Arthress Consolined
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 2, Item 18.)
	YES NO NO CAUSES OF DEATH?
	Car contributing Cause of Death HOUR A.M. Month Day Year Carlos of Death HOUR A.M. Month Day Year Carlo
	at work at work
	22a I certify that (1) (this haspital) attended the deceased from Attacks 1965, to 14 37, 1964, that (1) (we) last
	saw the deceased alive on
	22b. SIGNATURE 22c. DATE SIGNED
	DEGREE PHYS. DIRECTOR DIRECTOR DIPHYS. DI-29-68
1	22d. PHYSICIAN'S NAME (Type) Forder A SUSAN DD 22e. ADDRESS NAME (Type) Forder A SUSAN DD DT BOY SDIBOLOGY HEAR MANAGEMENT
	KI. TOOK TILLING TO A STATE OF THE STATE OF
	33. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State) Somerset Co. Mem. Park Somerset TWP, Pa.
ł	M. FUNERAL DIRECTOR Archart Funeral Alessae, Inc. La Pastebey Messirar 25b. Registrar's Signature
	Halverson Funeral Home-Somerset, Pa. DATEDEC 31 1968 Achieves Judge
- 1	The state of the s



<i>j</i>	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 17457	
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require g pllys n signe e buria o burio	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
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ICIAN: T priol or or rrificote I d for us of Health	D. ACCIDENT WAS UNDERLYING OR CONTRIBUTING C AUSE OF DEATH HOUR A.M. Manth Day Year either, notify medical examiner) P.M. 19	
DING PHYSI by the hosp After this cert be detached State Dept. o		itate
NDING of by 18 After 1 d be do e State	ta. I certify that (I) (this haspital) attended the deceased from 12-3, 1965, to 12-7, 1965, that (I) (we saw the deceased alive an 12-1965, and that in (my) (aur) apinion death accurred an the date and haur and fra causes stated abave, (I) (we) (did) (did nat) view the bady after death.	e) lost am the
OR ATTENDING De retoined by fi DIRECTOR: After e 3 should be d	b SIGNATURE 22 DATE SIGNED	
TAL OF THE PROPERTY P	DEGREE ATTENDING MED. STAFF 12-10-6 HYSICIAN'S NAME (Type) F-M. JOHNSON M DADRESS CAPLATA Mid.	0
HOSPI oge 4 r FUNER irector, hould b	IRIAL, CREMATION: 23b DATE 23c NAME OF CEMETERY—OR CREMATORY— 23d LIDICAT DIV (City or Town) (County) (State	1)0
VR A15 AD A	HERAL DIRECTOR ADDRESS ADDRE	<u></u>
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re long of a moy be retoined by the hospital or otten ling to FUNERAL DIRECTOR: After this certificate Los been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	PRIAL CREMATION: 23b DATE 10/68 23c NAME OF CEMETERY OR CREMATORY 23d (LOCAT DAY (City or Town) A (County) (Store MOVERSPORTS) / 27/10/68 TRIVITY MEMBERS / WA HORE CHARLOS M	0







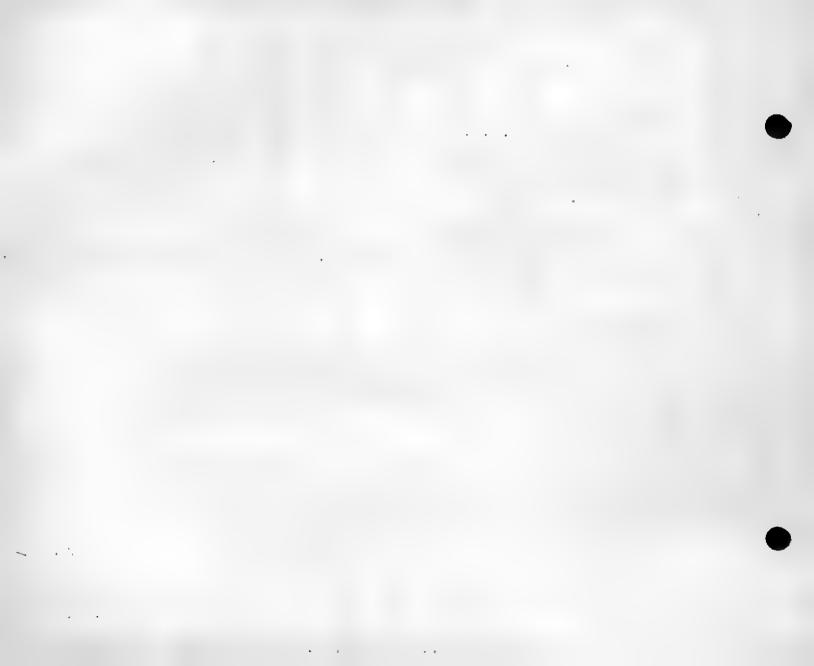
FOR STATE HEALTH DRPT. DECEASED-MANE DECEASED-MANE DECEASED NAME DECE	M M M M M M M M M M M M M M M M M M M
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ADDRESS 24 FUNERAL D RECTOR ADDRESS 2 250 REG STRAR S SIGNATURE	//
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	It	em5 FilmG408 1/2/69 kMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	400
HEALTH DEPT.	1. 0	DECEASED-NAME First Middle Lost 2g DATE KNOWN ST Month (Day Year 2b HOUR
.z	1	THOMAS MILBURN DEATH MATED 12	19 19 6810: M
defloy	3 5	1910 lost birthdov) MONTHS DAYS HITTES MIN MAN	2d. #OUR
> 1544		Male Colored March 6, 1911 58 VRS December 19	Year 19 68 10:1M5
	7a cour	BIRTHPLACE (State at fareign 75. CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
# # # #	10	Maryland USA WIDOWED DIVORCED Charles CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 1	Md 26 KIND OF BUSINESS OR
within 24 hours after death a paencil in Item 18. Give Pages 1, Examiner's Office along with form File pages 1 and 2 with the State D 72 hours after death.		give street address) during most af working life, even if settred.)	NDUSTRY
Sive ng ng h th	13a	LaPlata PaPlata, Md. (Home) Farner USUAL RESIDENCE (Where deceased lived, if institution, Residence befare 13c. CITY OR TOWN 13d. MISIDE CITY LIMILIZED 13d. STREET AND NUMBER	
s after 18. Gir s alanç 2 with death.	0	odmission) STATE Md. 13b. COUNTY LaPlata YES NOT LaPlata Md.	
hours Ifem Office I and 2	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h in Its r's 0 r's 0 r's of		Mathias Milburn Mary Thomas	
hin 24 numer's pages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within Examine Examine File page	,	No Ruth Milburn , Waldorf, Md.	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) } PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed in providing in the medical most permits event within		IMMEDIATE CAUSE (a)Fatty liver	
e ever pen ever the sit per vent		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
d by Chie Tran		rise to immediate cause (a), (b)	-
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this certificate, writing farward be used or removal	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his on the factor of the facto	RTIFIC		YES TO NO
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INER: The certification of the	MEDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e P.ACE OF IN.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
the the design of the design o		WHILE NOT WHILE factory, office building, etc.)	21016
CAL EXA execute or Page d for you TOR:Pag		22a. I certify that I taak charge of the remains described above, held an Autopsy (XX), Inspect on [], Inquiry [],	and in my opinion
		death resulted from Natural causes xx, Acadent , Suicide , Hamicide , Undetermined manner	T dite at they apilitus
please directive retains on ta k		CHIEF MEDICAL EXAMINER	
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TO DEPUTY DICA necessary, please es the funeral director 5 may be retained for EUNERAL DIRECTOR Health priar ta bus	L	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
TO DEPUT necessar the fune 5 may b TO FUNER Health	230		(Caunty) (Store)
A		Burial Dec. 23, 1968 Sacred Heart La Plata, Char FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REG, STRAR S 51	GNATURE
VR A15ME (5)		Arehart Funeral Home Inc, La Plata, Md. DEC 27 1968 Planta	y Judge
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		MARYLAND STATE DEPARTMENT OF HEALTH (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1745() DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
an 72		CEASED-NAME First Mdd-e Cornelius MILLS 20 DATE OF DEATH Day Year 3 A
12 21 2 21 2 21 2 21 2 21 2 21 2 21 2 2	3. SI	April 14,1887 last 8 pday YRS MONITHS DAYS MOURS MIN
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*		Try or town of DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during any theoretical during any the
event, wit	13o odm	LSUAL RESIDENCE (Where deceased I ved, if institution Residence before issue) STATE Md. 13b. COUNTY Charles Grayton YES NOXX Route #6
		Cornelius Andrew Mills S. MOTHER'S MAIDEN NAME First Middle Lost Katherine Keiffer
val, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? [es, no or unknown] (Il yes grow wor or doller of service) 16b. SOCIAL SECURITY NO 17 INFORMANT 217-36-5478 Mrs. Mamie Golden-Sister-Nanjemoy, Mc
5		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Tology
matian,		Canditions, if any, which gave) rise to immediate cause (a), (b)
burial, crematian, or remaval, and in any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) ONLY OF CONTROL OF CONT
.).	¥6	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. Month Day Year 19
	₩.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AI HOME, FARM, STREET, FACTORY.) While Not while of the street of R.F.D. No. City or Yown County State
		22a. I certify that (I) (this haspital) attended the deceased from 12-12, 1962, to 12-14, 1964, that (I) (we) la saw the deceased arive and 12-19 65, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
		226 SIGNATURE DEGREE PHYS DIRECTOR DISTAFF 22C DATE SIGNED 12-14-69
		122d. PHYSICIAN'S NAME (Type) / FM, JOHNSON MD 22e. ADDRESS CA PLATA, Md.
1		BURIAL, CREMATION, 23b. DATE 12/16/1968 23c NAME OF CEMETERY OR CREMATORY 12/16/1968 Nanjemoy Baptist Cemetery , Nanjemoy, Nd. (Store)
		rehart Funeral Home, Inc., La Plata, Md. DATE DEC 18 1968 Clarks Signature
7. 1768	A.	renart runeral nome, inc., La Flata, Mu. DATE DE DE 1300 / Confer



7:	The street of th								
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	462							
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 20 DATE KNOWN Month Day	Yeor 2b HOUR							
of ge qu	(Type or Print) RONALD DANIEL MORSE DEATH MATED Dec. 6	, 1968 ?? M							
lay is 13 ta Page ent af	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years if UNDER 1 YEAR if UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month Day Y.	2d HOUR							
and 3 the Pograment of	3. SEX Male S. DATE OF BIRTH 2/12/1952 AGE (n years if UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD Month Dec. Day 6, Years) MONTHS DAYS HOURS MIN Dec. Day 6, Years if UNDER 24 HRS 20 DATE PRONOUNCED DEAD Month Dec. Day 6, Years if UNDER 24 HRS 20 DATE PRONOUNCED DEAD Month Dec. Day 6, Years if UNDER 24 HRS 20 DATE PRONOUNCED DEAD Month Dec. Day 6, Years if UNDER 24 HRS 20 DATE PRONOUNCED DEAD Month Dec. Day 6, Years if UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN DEC. Day 6, Years if UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN DEC. Day 6, Years if UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN DEC. DAYS HO	'ear 19 68 ?? M							
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2 W	odmission) STATE Maryland 13b COUNTY Charles Bethesda YES NO 93300 Fern Wood R	id .							
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24 hours after death in Item 18 Give Rage rs Office along with set I and 2 with the States rs after death.	C' rles H. Morso Jr. Rose J. Dhorn	nik							
hauld be executed within 24 haurs ward "pending" in pencil in Item I the Chief Medical Examiners Office rial-transit permit. File pages I and 2 in any event within 72 haurs after an any event within 72 haurs after and in any event within 72 haurs.	16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes_qp_ or unknown) (If yes give war or dates of service)								
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CAL exe exe d fa d fa TOR	22a. I certify that I taak charge of the remains described above, held an Autopsy K., Inspection, Inquiry, ond in my opinion death resulted from. Natural causes, Accident K., Suicide, Hamicide, Undetermined manner								
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JIY DICA ITY, please e eral director be retained RAL DIRECT	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNET ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNET	n							
UTY, iny, be be Pr	DECEMBER DECEMBER	or 7,1968							
o DEPUTY necessary, F the funeral 5 may be r 0 FUNERAL **	EXAMINER'S NAME (Type) Ronald N. Kornblum, M. D. ADDRESS (Street, city, town, or county)								
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1	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNAT	TURL							
VR A15ME (5)	Tyson Wheeler Funeral Home 1331 Rockville PROEC 9 1968 Policy	70 102							



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
. 4 . 24		CEASED-NAME First M.ddie , Lost 2a. DATE OF DEATH 2b. HOUR
er deat funeral I and er deat	(ype or print) MARY I. H. NEAVE DEC Month 2 9 Day Year of P 2 30 M
ffer e fur ffer ffer	3. SI	5. DATE OF BIRTH 6 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months DAYS MOURS MAIN
Poge the page of t	7.	NOV. 2 1903 65 YRS.
equires that the death certificate be executed within 24 haurs after death, physicion. signed by the attenting physician and completely filled incert the funeral buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 buriol, cremation, or removal, and in any event, within 72 hours after death.	cani	try T
Iled odpe	10. (TY OR TOWNSOF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (rf not in bosoita) 128 USUAL DECEMPATION (Kind of work done 12b KIND OF RUSINESS OR
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ond cond on on on	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ate be kian an leose r	1/-	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO. 17 INFORMANT Address
pleos ono		WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or upplyngwyn) (If you give wor or dottes at service) Address Address
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PHYSICIAN: The low requires that the death certile haspital or attending physicion. his certificate has been signed by the attending phystached for use as the buriol-tronsit permit. Then Dept. of Health prior to buriol, cremotion, or remova	ਤੋਂ	GR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year
YSIC cert cert cert cert cert	N.	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. Ng. City or Town County State
JING PHYSIC by the hospit frer this certii be detached Stote Dept. of	ı	While Not while at work A twork A two A tw
OR ATTENDING be retained by It NRECTOR: After I e 3 should be d ed with the State	ı	220. certify that (1) (this hospital) attended the deceased from 12-23, 1965, to 12-28, 1965 (1) (we) last
ENE ned red the	ı	saw the deceased alive on 12-7-19 and thot in (my) (our) apinion death occurred an the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after death.
R ATTENE retained RECTOR: A 3 should with the		22b. SIGNATURE 22c. DATE SIGNED
OR be r	L	DEGREE PHYS LI DIRECTOR LI PHYS. LI 1231-68
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-trosthould be filed with the State Dept. of Health prior to buriol, creating the prior to burior.		22d. PHYSICIAN'S NAME (Type) F.M. JOHNSON 22e. ADDRESS PLATA, MD.
OSP INEI ctor	220	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Page O F.	1230	REMOVAL (Specify) 1-1-69 IMMANUEL METHODIST BADEN, P.G., MD.
VR ATS IA	24.	FUNERAL DIRECTOR 250. RECOLORS ADDRESS 250. RECOLORS 250. REGISTRAR'S SIGNATURE
30M REV. 1/00	H	UNTT FUNERAL HOME, WALDORF, 11.1D. DATE JAN 6 1969 julianis july gran





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]		17454	DIVISION OF VITAL RECORDS			, MARYLAND 21201	
		T. A. C. T.		CERTIFICATE OF	DEATH		17465
deoth.		CEASED-NAME First	a S. Gertru	de Recs		ATE OF DEATH Month & Day	1 Stary 3:15 A-M
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d in pers.	£041	Maryland	USA	WIDOWED 💢 DAVOR		HARLES	Md.
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with with with with with with		La Plata	Physician	Memorial I	Hosp.	orking life, even if retired.)	
rsician and completely filled in please remove corban papers.	odm	usual KES DENCE (Where deced ssign) STATE Marvlan	ised lived, if institution Residence before 13b. COUNTY Charles	La Plata	134 INSIDE CTY LIMITS?	Oak Ave	
and c remo	14.	ATHER'S NAME First	M.ddle Last	15. MOTHER'S MA	AIDEN NAME First	Middle	Last
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e deoth certificated of the descention of temoval, and on, or removal, and	16a 1	WAS DECEASED EVER IN U.S. AR es, na, ar unknown) (11 yes give	MED FORCES? war or dates all service) 212–56–4		lter Rees	Address s,La Plata,N	Mary a and
cert g ph Then mov	-	18. CAUSE OF DEATH (Enter o			***		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
offi odin ir. 1		PART I. DEATH WAS CAUSE	nly ane cause per ine for (a), (b) and (ED BY IATE CAUSE (a)	Nousalan	allon		34
offer offer on, o		4/47	DUE TO, OR AS A CONSEQUENCE O			deseun	
t the the sit p		Canditions, if any, which gave rise to 'mmediate couse (0),	1 (b) general	ad anten	10 select	Cardo Masa	la 10 year
tho on. by ran		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F			
quires tho physicion. signed by burial-tran		last.) (t)				
reque g phy sig r bur a bur		1	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	I. DISEASE OR CONDITIO	N GIVEN IN PART I(a)	
ow nding beer the	1,0	7 → → 1 19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTO	PSY?	205. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
AN: The low roof of or attending icote has been for use os the Health prior ta	FEIGHT			YES 🗀		CAUSES OF DEATH?	
N: T or or a r us	CERT	21a. ACCIDENT WAS UNDERLYI				of injury in Port 1 or Part 2, It	tem 18.)
CCIA Ditol Tiffice of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	HOUR A.M. Month Day Yes	or 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificates executed within 24 Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove corban paper should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	ME			FACTORY,) 21f. EOCATION Stree	et or R.F.D. No	City or Yown	County State
ADING d by t Affer d be d		22o. I certify that (1) (the	his hospital) attended the decea	sed from		10 X Dec, 19_	(b), that (1) (we) lost
TEND ined OR: A build the .		sow the deceased couses stated above	otive on	_19 <u>Cd_0</u> , and that in (m [.] e body after death.	y) (ou r) opinion d	eoth occurred on the dol	e ond hour and from the
ECTO PIE		22b. SIGNATURE	11 11	ATTENDIA	NG - AMED	STAFF CO STAFF	ATE-SIGNED
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TO HOSPITAL OR ATTEN Poge 4 may be retoined TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the		220 PHYSICIANS NAME (Type) AR	THUR O. ar	SODDY 220. ADD	A12A-71	4 MARYLAI	VD 20646
HOS ge 2 FUN Tect	23 a		DATE 23c NAME C	F CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	Kent Md.
5 5 5 g v	-		Dec.10,1968 St.	raul's Epis	2Sa. REC'D BY REGIS	LOCATION (City or Town) hestertown; TRAR 25b. REGISTRARS	IZELIO, PLACE
VR A15 30M REV.		FUNERAL DIRECTOR	ral Home Inc.,L	,,	Tage MEED OF MEON	1968 Clian	SI GINII GIVE
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1	4 📆 🎘 🚝 CIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	WIDO
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7466
HEALTH DEPT.	1 DECEASED NAME First Middle lost 20 DATE KNOWNED Month I	Doy Yeor 2b HOJR
of ge	(Type or Print) MICHELE LYNN /STANDONS SIMMS OF ESTI- DEATH MATED 12	28 19 68 10 Ma
Pag Inf (3 SEX 4 RACE S DATE OF RIGHTH 6 AGE (In vigors If UNDER 24 HIS 20 DATE PRONOLINGED DEAD	2d HOUR
y delay is found 3 to PM3. Page	Oct. 31 1968 ost britishoy Months Days Hours Mark Month Doy	Yeor
PA PA	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	X 17 901U: 21
- E /9	Country) Manager Country	an d
death Any detay is Pages 1, 2, and 3 to with form PM3. Page to State Deportment of		2b KIND OF BUSINESS OR
ofter death 8. Give Poges clong with for	[dive street didutess] Many Haddung most of working life, even if retired.}	NDLSTRY
Give and Give	130. USUAL RES DENCE (Where deceosed .ved. if institut on Residence before lay CLV AR TOWN 3d. IMSIDE CITY LIMITS? 130. STREET AND NUMBER	
ologia deot		
office of the state of the stat	14. FATHER'S NAME First Middle Lost IIS MOTHER'S MAIDEN NAME First Middle	Lost
24 hours ofter death in tem 18. Give Poge r's Office clong with as 1 and 2 and and	James Frencis Woodburn Marilyn Virginia	Stine
I within 24 n pencil in Examiner's File pages 172 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS	
	(Yaw 50, or unknown) (If yas give war or dates of service) None Mother-Marilyn Simms-Newburg	Md.
should be executed with word "pending" in person to the Chief Medical Examburiol-tronsit permit. File In ony event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
uted ignition ithiu	PART I DEATH WAS CAUSED BY-	BETWEEN ONSET AND DEATH
dim dim	IMMCDIATE CAUSE (o) Sudden death in infancy 7.45 × DUE TO, OR AS A CONSEQUENCE OF	
e e e e e e f f e f f e f f e f f e f f e f f e f	Conditions, if ony, which gove	
Chief Park	rise to immediate couse (a), (b) Station the underlying rouse (b) DUE TO, OR AS A CONSEQUENCE OF	
wo wo the the riol-	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the the but of it	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate should be executed cate, writing the word "pendimg" in be forworded to the Chief Medical B be used as a buriol-tronsit permit. In the common or removal, and in any event within the common or second controls.	AND 2 OTHER SIGNIFICANT COMPTIONS CONTRIBUTION TO DEATH BUT NOT REDUCED TO THE TERMINAL DISCOL OR COMPTION OFFICE IN TART I(0)	
worth	190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20. AJTOPSY?
his certificate, writte forword be used remova	190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item PORT A.M. 190. DATE OF OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item CAUSE OF DEATH P.M. 190. DATE OF OPERATION WAS PERFORMED?	YES NO
ER: This certificate, ould be fores. hould be to ion, or ren	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item	
ER: certify ould es. should ion, c	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH HOUR A.M. 19	
(AMINER: The the certificate 4 should be your files. Oge 3 should cremation, or	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
	WHILE NOT WHILE AT WORK AT WORK	
ICAL EXAMINER: execute the certifor. Poge 4 should get for your files. CTOR: Poge 3 should burial, cremation.	220. I certify that I took charge of the remains described above, held on Autopsy [XX Inspection], Inquiry].	ond in my opin on
ICAL I e exect for. Po ed for CTOR: burial	deoth resulted from. Notural couses XX. Accident Suicide Homicide Undetermined monner	
TYPEDIC, please eral director be retained RAL DIRECT prior to bu	CHIEF MEDICAL EXAM NER	-1
y, ple rral di con rette prior	ACTUAL CLIX A / TT / VI / X	GNED
UTY Deer Co.	DEDUTY MEDICAL EVANIED 12/20	
TO DEPUTY SICAL EXAM necessory, please execute the funeral director. Poge 4 5 moy be retained for your TO FUNERAL DIRECTOR: Poge Health prior to burial, crem	CAMINICKS	
the the Hed	FOWER F. WIISON. M.D.	(Stote)
	Buriat 12/31/1968 Holy Ghost Cemetery Issue, Maryl	
^	24 FUNERAL DIRECTOR . ADDRESS 250. REC D BY REGISTRAR 25b REGISTRAR 5 SI	GNAT.12F
VR A15ME (5)	Archart Funeral Home, IncLa Plata, Md. Dat DEC 3 1 1968 follows	es judge



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MARYLAND STATE DEPARTMENT OF HEALTH Item In Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Im Classical Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, 301 W. PRESTON STREET, 30	18531
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Imission) STATE 132 Charlotte Haliks No	
orge J.Tolson Dorothy Brown	tosi
	37.7
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Sudden death in infancy DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES XX NO
PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. No. City or Town	County State
22a. I certify that I taak charge of the remains described abave, held an AutapsyXX, Inspection, Inquiry deoth resulted from: Notural causes XX Accident, Suicide, Homicide, Undetermined manner ACTUAL SIGNATURE	SIGNED ,
B B B B B B B B B B B B B B B B B B B	Type of Print John Frances Tolson

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	1	MAKTLANU STATE DEPARTMENT OF MEALIN	
1	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	17467
2	1.0	CERSED-NAME First Middle Last 2a. DATE OF DEATH	
burial-transit permit. Then please remove carbon papers. Pages I and 2 burial, crematian, ar remaval, and in any event, within 72 liburs after death.		ype or print) - Nettice Samantha Viars Dec Month (500)	1968 8.04 M
ler C	3. 5	X 4. RACE S. DATE OF BIRTH 6. AGE fin years	IF UNDER 1 YEAR 1F UNDER 24 HRS.
a de		FEMALE CAU APRIL 6, 1007 lost birthday) YRS.	MONTHS DAYS HOURS MIN.
in a	70.	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
72	(QU	VIRGINIA USA WIDOWED DIVORCED CHARLES	CO. Md.
62	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work done give street oddress) 120. USUAL OCCUPATION (Kind of work done give street oddress) 121. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN / 13d. INSIDERCRY LIMITS? 13e. STREET AND NUMBER	DOMESTIC
00		ission) STATE (20) 13b. COUNTY Chaples 7.1.	07
	14.	ATHER'S NAME First - Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
	L	JAMES WILLIAM SMYTHERS LILA CAUDLE	
		WAS DECEASED EVER IN U.S. ARMED FORCES? BS, no, or unknown) (If yes give wot or dates of service) Address Address Address Address Address Address Address	Lan Mo
	F	1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac avest	MINULES
		// / - ^	"tintares
		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) Myo cardial Infarction	minucks
		rise to immediate cause (a), (Minutes
		tasting the underlying cause DUE 10, OR AS A CONSEQUENCE OF Coronary artery Disease	years
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	2	4201 Diabetes melitus	
0	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS OF	ONSIDERED IN CERTIFYING
d	E	YES NO X CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2,	Item 1B.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	
	M	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While at work 21f. LOCATION Street or R.F.D. No. City of Town	County State
		di waik di waik	Los , that (I) (see) lost
	Н	sow the deceased plive an 14 Dec 1966, and that in (my) (evr) opinion death accurred on the da	te and haur ond fram the
	П	couses stoted obave, (I) (we) (did) (did not) view the bady ofter death.	
	П	ATTENDING MED. STAFF	DATE SIGNED
	П	DEGREE PHYS. DIRECTOR LI PHYS. LI) Dec 68
		22d. PHYRICIAN'S J.G. B. Mason M.D. 22e ADDRESS P.O. Box 939. La Plata,	Md. 20646_
0	230	BURIAL, CREMATION, 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown)	(County) (State)
1 2	Li	SKENOVAL (Specify) 12/17/68 TRINITY MEMORIAL WALDORT Ch	ARIES MID.
B	24.	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S	
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